

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022395

318

1003

5724

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JUN 13 1963

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

ST. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Mo

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. CITY OR TOWN

ST. Louis

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

CITY HOSPITAL

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

3716 1/2 S. JEFFERSON

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First CORA

Middle

Last WELLMAN

4. DATE OF DEATH

Month MAY

Day

Year 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

SEPT 28, 1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (City and state or country)

Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

AUGUST WELLMAN (DPO'D)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. Informant

MRS JOHN DAAKE 48 PORTLAND PLACE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary embolism, left

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Pneumonia

DUE TO (c)

493x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul Simon Deputy Coroner

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

5/31/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

MAY 31, 1963

23c. NAME OF CEMETERY OR CREMATORY

New ST. MARCUS

23d. LOCATION (City, town, or county)

ST. Louis

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

Thomas Butts 2906 Gravier

25. DATE RECD. BY LOCAL REG.

MAY 31 1963

26. REGISTRAR'S SIGNATURE

Paul Smith. M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Carroll